PTO 1033 (Rev. 8-95)

FILING RECEIPT CORRECTED



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fiscalph is acknowledged of this nonprovisional Parent Application. It will be considered in its order and you will be notified as to the results of the examination, be sure to provide the U.S. APPLICATION NUMBER. FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check of draft are subject to collection. Please, verry the accuracy of the data presented on this raceipt. If an error is noted on this filling Receipt please write to the Application Processing Division's Customer Correction. Branch within 10 days of receipt, Rease provide a copy of the Filling Receipt with the changes injust the provide.

Applicant(s)

GARY K. MICHELSON, VENICE, CA.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 08/396,414 02/27/95

WHICH IS A CIP OF 08/074,781 06/10/93 -PAT 5,484,437

WHICH IS A CIP OF .07/698.674.05/10/91 WHICH IS A DIV OF :07/205/935.06/13/88 PAT 5,015,247

AND A CIP OF 08/390:131-02/17/95

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Threaded frusto-conical interbody spinal fusion implants

PRELIMINARY CLASS: 606